

1 EDMUND G. BROWN JR.
Attorney General of California
2 LINDA K. SCHNEIDER
Supervising Deputy Attorney General
3 LORETTA A. WEST
Deputy Attorney General
4 State Bar No. 149294
110 West "A" Street, Suite 1100
5 San Diego, CA 92101
P.O. Box 85266
6 San Diego, CA 92186-5266
Telephone: (619) 645-2107
7 Facsimile: (619) 645-2061
Attorneys for Complainant

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9 **BEFORE THE**
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
10 **STATE OF CALIFORNIA**

11
12 In the Matter of the Accusation Against:

13 FE ISAAC WEBSTER
3747 Vista Campana South #33
14 Oceanside, CA 92057

15 Registered Nursing License No. 609021

16 Respondent.

Case No. 2011-125

A C C U S A T I O N

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18 Complainant alleges:

19 **PARTIES**

20 1. Louise R. Bailey, M.Ed., RN (Complainant) brings this Accusation solely in her
21 official capacity as the Interim Executive Officer of the Board of Registered Nursing, Department
22 of Consumer Affairs.

23 2. On or about November 8, 2002, the Board of Registered Nursing issued Registered
24 Nursing License Number 609021 to Fe Isaac Webster (Respondent). The Registered Nursing
25 License was in full force and effect at all times relevant to the charges brought herein and will
26 expire on April 30, 2012, unless renewed.

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nurse knew, or should have known, could have jeopardized the client's health or life.

9. Title 16, California Code of Regulations, section 1443, provides:

As used in Section 2761 of the code, "incompetence" means the lack of possession of or the failure to exercise that degree of learning, skill, care and experience ordinarily possessed and exercised by a competent registered nurse as described in Section 1443.5.

10. Title 16, California Code of Regulations, section 1443.5, provides:

A registered nurse shall be considered to be competent when he/she consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process, as follows:

(1) Formulates a nursing diagnosis through observation of the client's physical condition and behavior, and through interpretation of information obtained from the client and others, including the health team.

(2) Formulates a care plan, in collaboration with the client, which ensures that direct and indirect nursing care services provide for the client's safety, comfort, hygiene, and protection, and for disease prevention and restorative measures.

(3) Performs skills essential to the kind of nursing action to be taken, explains the health treatment to the client and family and teaches the client and family how to care for the client's health needs.

(4) Delegates tasks to subordinates based on the legal scopes of practice of the subordinates and on the preparation and capability needed in the tasks to be delegated, and effectively supervises nursing care being given by subordinates.

(5) Evaluates the effectiveness of the care plan through observation of the client's physical condition and behavior, signs and symptoms of illness, and reactions to treatment and through communication with the client and health team members, and modifies the plan as needed.

(6) Acts as the client's advocate, as circumstances require, by initiating action to improve health care or to change decisions or activities which are against the interests or wishes of the client, and by giving the client the opportunity to make informed decisions about health care before it is provided.

COST RECOVERY

11. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of

1 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
2 enforcement of the case.

3 **FIRST CAUSE FOR DISCIPLINE**

4 (Unprofessional Conduct – Gross Negligence)

5 12. Respondent is subject to disciplinary action for unprofessional conduct under section
6 2761(a)(1) of the Code within the meaning of California Code of Regulation section 1442, in that
7 Respondent was grossly negligent when she failed to exercise the ordinary precaution in caring
8 for her patient. The circumstances are as follows:

9 a. Respondent was employed as a charge nurse in the Psychiatric Unit at Palomar
10 Pomerado Hospital in Poway, California. A.F., a 70 year old female, was admitted as a patient to
11 Pomerado on February 21, 2009. A.F. had a history of severe Alzheimer's Dementia with
12 Behavior Disturbance. She was transported from her assisted living facility, with aggressive and
13 combative behaviors and was admitted to Pomerado on an involuntary legal hold, for being a
14 danger to herself. During the course of her hospitalization, A.F. displayed periodic aggressive
15 and combative behaviors towards the nursing staff, such as hitting, kicking, screaming, and
16 striking out. A.F. also received periodic doses of emergency medication to calm her down.

17 b. On March 1, 2009, Respondent was assigned to A.F.'s care. Respondent
18 attempted to bathe A.F. with the assistance of four nursing staff members. Because A.F.
19 struggled, Respondent held A.F. down in an attempt to bathe her. Respondent then yelled, "you
20 stink, you stink" to A.F. Respondent later admitted to using the word "poo poo" when describing
21 the patient's odor. One of the nurses reported that Respondent acted rough towards A.F. and that
22 she saw Respondent pull A.F.'s arm and hold it tightly, and then punch A.F. "with a closed fist on
23 the left side of her face." Another nurse reported that she saw Respondent's "right hand and a fist
24 on the patient's cheek," but she did not see a hitting motion. A different nurse stated that she saw
25 Respondent's "fist lay on [the] patient's left face," but did not see pressure on the face. All of the
26 nurses reported that Respondent was acting rough towards A.F. and that they told Respondent to
27 "relax and calm down."

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